

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**M00000002610**

AND  
FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # M00000002610

Name and Mailing Address

0007953 01 FP 0.352 \*\*PRSR T4 0 0615 44308-132575



SMT SANFORD, LLC  
159 S. MAIN ST., STE. 725  
AKRON OH 44308-1325

**REINSTATEMENT** 7002

CR2E084 (8/02)

<b>2. New Mailing Address</b> 159 S. Main St, Suite 500 City, State, Zip Akron, Ohio 44308		<b>4. State/Country of Formation</b> OH	
<b>Principal Place of Business</b> 159 S. MAIN ST., STE. 725 AKRON OH 44308		<b>5. Date Organized or Qualified To Do Business in Florida</b> 12/18/2000	
<b>3. New Principal Place of Business Address</b> 201 Hickman Dr. City, State, Zip Sanford, Florida 32771		<b>6. FEI Number</b> 34-1939635	
<b>8. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	
<b>9. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 500009233475 11/27/02--01010--002 **155.00 City FL Zip Code			

**10.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Brian Courtney **Asst. V. Pres.** Date 11-25-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
C	BRENNAN, DAVID L	159 S. MAIN STREET, SUITE 225 500	AKRON OH 44308
P	WEAVER, KEITH B	159 S. MAIN STREET, SUITE 225 7300 ACC Blvd	AKRON OH 44308 Raleigh NC 27613
VST	WEBER, JOSEPH R	159 S. MAIN STREET, SUITE 225 500	AKRON OH 44308
AS	WALKO, LEE S	159 S. MAIN STREET, SUITE 725 75 East Market St	AKRON OH 44308

**12.** I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Joseph R Weber Date 10/25/02 Daytime Phone # 330 996 0225

Typed or printed name of signing Managing Member/Manager Joseph R Weber